Vermont's Senior Center Earmark Project
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Final Report

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Introduction

Senior centers across the country, especially in rural areas, face significant challenges in the years ahead as demographics shift reflecting the arrival of Baby Boomers into the "older adult" cohort. Since the early 1970's, senior centers have been the source of community-based services for older adults, including food and nutrition programs; access to health promotion, risk reduction and disease prevention programs and services; and opportunities for socialization. Traditionally, senior centers have relied upon strong volunteer networks to carry out their mission. These older volunteers are becoming frail and less able to provide services. Yet there are few volunteers in the "young" older adult category to pick-up where the older volunteers are leaving off. Recognizing this, in 2005, then-Congressman Bernard Sanders secured a federal earmark for Vermont to provide support for the fragile network of senior centers that play a vital role in the health and well-being of its older citizens and their ability to remain independent. To that end, Vermont sought funds to implement local projects designed to test and evaluate methods that will meet the emerging needs of their rural senior center customers. This report summarizes Vermont's Senior Center Earmark (SCE) Project.

Through the SCE Project, the Vermont Department of Disabilities, Aging and Independent Living (DAIL) sought funds to implement a statewide project that would increase access to and participation in Vermont's rural multi-purpose senior centers. Within that overarching framework, there were two broad goals: to facilitate access to services that promote successful aging and independent living; and to strengthen the community-based service delivery system and senior center infrastructure. The approach involved a request for proposal process whereby senior centers and meal sites applied for funds to implement local programs. All projects were required to collect and report data on one or more of the following objectives: 1) to improve the delivery of Older Americans Act Nutrition Program nutrition services; 2) to expand training and technical assistance opportunities available to meal sites and senior centers on older adult nutrition, health promotion and disease prevention programs; 3) to develop and offer innovative programming in senior centers; 4) to develop marketing strategies and build community support for senior centers. Two additional objectives of the Project were 1) to document outcomes and complete an evaluation to determine effectiveness, replicability and sustainability of the community-based projects; and 2) to disseminate information to the Federal government and interested parties in the aging network. The expected outcomes of the Project related to three broad topic areas, and were determined by the nature of the proposed local projects: 1) improving the delivery of Older Americans Act Nutrition Program nutrition services; 2) developing new or strengthening existing innovative programs that promote successful aging and independent living; 3) increasing community support for and participation in senior centers. Applicants selected from a menu of relevant outcomes for evaluating their project impact.

Methods/Process

Please see the attached final timeline for a calendar of events associated with Vermont's SCE Project (*Appendix A*).

Prior to receipt of the earmark funds, DAIL took steps to ensure stakeholder input in the development of the SCE Project design and Request for Proposals (RFP). Two meetings were held with interested stakeholders to discuss potential strategies for an earmark-funded initiative: in December 2004 and February 2005. Notes from the meetings, including the agenda and follow-up notes are included in *Appendix B.* Representatives from Vermont's aging services provider network participated, including: area agencies on aging, senior centers, meal sites, municipal government, and senior advocates. At the meetings, the intent and nature of earmark funding was discussed, including the allowable expenses and required reporting. From the group process, three priority outcomes that would frame the project were identified:

1) Improve delivery of Older Americans Act Nutrition Program nutrition services;
2) Develop new or strengthen existing innovative programs that promote successful aging and independent living;
3) Increase community support for and participation in senior centers.

In addition, two letters with updates on the status of the SCE Project were mailed to interested stakeholders (July and September 2005). See *Appendix C* for copies of the letters.

By the time earmark funds were received from the Administration on Aging on August 1, 2005, Vermont's SCE Project was underway. In mid-October, letters of invitation to participate on a Stakeholder Advisory Committee (SAC) were mailed to several providers and advocates. The SAC functioned in an advisory capacity, providing input on the SCE Project implementation and evaluation, including development of the RFP and format/content of the final report. The SAC members were advised that their participation in two meetings was expected – before the RFP was completed and distributed, and following the SCE Project completion to review the final evaluation report and executive summary. Two SAC meetings were held – the first one in November 2005 (13 attendees), and the other in March 2007 (7 attendees). See *Appendix D* for SAC-related documents, including the letter of invitation, the agenda for two meetings, and an outline of the proposed evaluation and reporting requirements.

Following Vermont's Joint Fiscal Committee approval to spend the federal earmark funds (October 26, 2005), DAIL immediately began recruiting (through a posted bid process) for a contractor to complete the SCE Project evaluation. See *Appendix E* for the bid posting. Once the evaluation component was drafted, and incorporated into the RFP, DAIL convened an RFP-writing workshop in December 2005 for interested stakeholders. See *Appendix F* for the final RFP that was distributed to stakeholders and posted on the DAIL website. *Appendix G* contains the power point outline from the writing workshop and a follow-up letter to attendees. Workshop attendees received the RFP documents prior to the workshop. During December, DAIL also recruited a committee of community providers to review and score the proposals and participate in selecting grantees and determine their level of funding. The proposal review committee included one area agency on aging Nutrition Program Director, one member of the DAIL Advisory Board, one representative from the Community of Vermont Elders (COVE), and two DAIL staff (including the grant administrator). Committee members received the proposals for review in late January 2007; and met to discuss, score and determine awards in late February. DAIL received 24 proposals; one was eliminated for failure to follow the RFP guidelines. Of the remaining 23 proposals, 16 were selected for funding. *Appendix H* includes a cover memo to the proposal review committee along with the Proposal Review Scoring Sheet and the final scores attached to each proposal during the February 21, 2006 meeting. SCE Project grantees received notification of their awards on March 1, 2006.

Sixteen projects were funded; of these, 15 were implementation projects and one was a planning grant. The SCE Proposal review committee felt the planning project held merit because of its intention; namely, to conduct a market survey of baby boomers and others living/working in a community where several large employers are located to identify anticipated needs/preferences in a senior center. Many of the sites developed their proposed projects around common issues related to growth and sustainability into the future, including: the need for developing a Board of Directors structure; an appraisal of their community/public image; public relations efforts; and helping their clients enter the age of computers and internet technology. All grantees were required to attend a daylong training led by Flint Springs Associates (FSA), the firm under contract with DAIL to complete the evaluation. The SCE Project reporting requirements were explained, step-by-step, at the training. In order to make the data collection and reporting as simple as possible, FSA prepared and distributed a workbook-type manual to each grantee, complete with a CD that contained excel spreadsheets for download on their computers. The Workbook is included with this final report (3-ring binder). See *Appendix I* for the detailed agenda outlining the evaluation training.

Findings

A summary of each grantee's SCE Project goals, objectives and activities is included as *Appendix J, Grantee Summaries* (July 2006). For the highlights of each project (major accomplishments, challenges/barriers, and findings, refer to *Appendix K, Grantee Final Report Excerpts* (April 2007). The overall project outcomes are reported in the attached Flint Springs Associates *Evaluation of Project Outcomes* (*Appendix L*).

Many common themes and findings emerged from the grantee final reports. They are summarized below.

The **delayed receipt of funds** presented challenges for many of the grantees. Most notably, it pushed the **start-up of the projects into the summer months** – a time when participation in Vermont senior center activity tends to decline.

Nearly all grantees reported **increased community partnerships**. New partners included the local EMT squad, the police department, and postal workers. Woodstock enlisted the support of their rural postal carriers to identify isolated seniors.

Several grantees reported that the SCE Projects placed additional **constraints on existing staff**, and it became burdensome. For example, sites that began offering a salad bar found while it offered the highly desirable element of menu choice, and "it changed the atmosphere from a meal site to a dining experience" (Champlain Senior Center), it required significantly more staff time than anticipated. Extra staffing was needed to: retrieve donated produce from local farms, prep the vegetables, manage the salad bar during meal service, and follow-up with donors of fresh produce. In some instances, volunteers were able to fill the need. When donations were sufficiently large and exceeded the site's ability to use it immediately, sites got creative and enlisted the help of volunteers to prep the surplus produce and assist with freezing it for later use/consumption.

Though not a complete surprise, all grantees reported **difficulty recruiting new volunteers and new participants**. Many grantees found older adults reluctant to break out of their usual patterns and attend new programs. Grantees reported having to invest more time recruiting participants than originally anticipated. In nearly all instances **word of mouth was the most effective method of outreach, publicity and marketing**. Additionally, transportation remains on ongoing challenge for the grantees. Although there may be wonderful programs offered at their sites, without transportation services, some potential clients are unable to participate.

Three months after the final report deadline, all Project Directors were asked to reflect on and share a few of their most notable impressions; five responded (one provided response for two sites). Their observations follow.

Barre Housing Authority

- You can't promote a program enough. Promoting a new program requires a large investment of time.
- Finding the most reasonable, affordable price for a program isn't easy. We negotiated a reduced rate for a fitness club membership ($42.50 rather than $80.00 per month; with SCE underwriting the cost, seniors were charged only $21.25. This fee was still too high. When the fee was reduced to $10, it created a waiting list for membership.
- The wellness concept will take a while to "catch on" among older adults.

Champlain Senior Center

- Attractive and inviting cafes for mature diners can change the community perception of senior centers and meal sites. Ambiance is a critical ingredient to the recipe for a successful mealsite enhancement. But, while a pleasant atmosphere is important, a separate dining area for the Soup & Salad Bar did not significantly improve its popularity.
- Choice was the key ingredient appreciated by mealsite participants. Consistently fresh and healthy food offered every day was important and the ability to opt out of the standard meal and choose the Soup & Salad Bar instead was a draw.
- Volunteers and staff play critical roles in this type of project and "buy-in" is important for success. Integrating one project with another creates the synergy necessary for either to succeed.
- The volume generated by increased attendance in a dual option mealsite is not enough to sustain it. Additional volume needs to be created through additional sites, special events, catering, etc. to support the daily Soup & Salad Bar.

Heineberg Senior Center

- While there is a certain legitimacy contributed by the project's affiliation with a senior center organization, in order to attract "baby boomers", it is important that the programs not be called "senior programs".
- Many boomers are still working so program offerings need to be conveniently provided in the evenings and on weekends.
- Social connections are important so informal opportunities to socialize (over meals or entertainment) are attractive to boomers (especially single adults).

- Marketing is important and it is difficult to entice participation. Word of mouth using "ambassadors" is very effective.

Rutland Area Visiting Nurse Association and Hospice

- Personal contact takes more time, but the results are better and long-lasting. The positive effects of good old-fashioned person-to-person contact are cited below.
    - When we personally met with community leaders, we established a relationship and collaboration, and referrals increased.
    - When we personally invited individuals and community groups to our center for lunch, they felt valued and appreciated, and have continued to participate.

Waterbury Senior Center

- Surprised at the extent of disparities in values and attitudes between current seniors and the Baby Boomers.
- The realization that to survive - that is, to continue to be able to fulfill our core function of providing home delivered and congregate meals – the senior center needs to be in a larger facility that can accommodate several simultaneous activities/programs.
- The realization that we need to drop the word "senior" from our name and re-imagine ourselves as a "community center".

Covenant Community Church

- The recognition that not all seniors who come to the senior center want special programming. Many simply want to enjoy the lunch and conversation. Other, who came to learn about and use the computer were not interested, necessarily in having lunch or entertainment.
- It is okay to provide purely social times. Seniors like to share experiences and connect with/get to know others. They do not need much else from a senior center.
- Volunteers are having a goodtime also.

Discussion

A review of the FSA *Evaluation of Project Outcomes* report suggests that certain data sets found in the Senior Survey Results by Grantee section (data found in Appendix C of that report, pages 34 – 55) warrant discussion and attention. Table C9 (page 39) details the perception of respondents regarding their level of physical activity. Of the 817 respondents, 42% (or 340) feel they ought to do more. Sites where more than half of the respondents report they ought to do more include Barre (53%, or 77 out of 144 respondents), Castleton (53%, or 61 out of 115), and Franklin County Senior Center (58%, or 29 out of 50). Similarly, it is interesting to note that on a related question (Table C10, page 40), on average, 42% report not engaging in vigorous physical activity at least once in a week. Sites where respondents report higher percentages of not engaging in vigorous physical activity at least once per week include Barre (62%, or 92 out of 148 respondents), Connections in Jericho (48%, or 10 out of 21), Franklin County Senior Center (62%, or 31 out of 50), and Island Pond (47%, or 16 out of 34). With the proliferation of physical activity programs being offered at senior centers across Vermont, the data begs the questions: (1) is more education needed regarding the benefits of physical activity for older adult

health, well-being and independence; (2) is there limited access to the programs offered; (3) are the physical activity programs currently offered of no interest to the participants; (4) or are they simply choosing not to engage in physical activity? When looking at the physical health data (Table C11, page 41), participants at two of these sites with low physical activity levels report higher frequency of self-reported fair or poor health. On average, 16% (or 136 individuals) of 822 respondents report fair or poor health. In Barre, 29% (or 45 out of 154 respondents) report fair or poor health; in the CVCOA group, also located in Barre, 33% (or 4 out of 12) report fair or poor health; and 34% (or 12 out of 35) in Island Pond report fair or poor health. Self-reported health is a good proxy measure of mortality risk: self-reports of good to excellent health correlate with a lower risk of mortality. Since engaging in regular physical activity has a positive effect on physical and mental health, these sites might consider offering different types of programs in order to provide more choice to participants. There are many evidence-based physical activity programs that sites might consider implementing.

Another area worth noting is the number of respondents reporting certain health conditions (Table C12, page 42) and the number respondents reporting annual health screenings and immunizations (Table C13, page 43). There is a widespread public health campaign to "know your numbers", in reference to blood glucose, blood cholesterol and blood pressure. Older adult respondents in the SCE Project seem well informed about the importance of blood pressure screenings; more than three-quarters of participants at all sites, with the exception of the Jericho folks, report having an annual screening. A slightly lower number, but still close to two-thirds or more of the respondents at all sites (again, with Jericho reporting lower frequency) reported cholesterol screening on an annual basis. However, on average, only 50% of respondents report an annual diabetes screening. Sites with less than half of respondents reporting an annual diabetes screening include Brattleboro (42%), Champlain Senior Center (47%), CIDER (42%), Connections in Jericho (37%), Island Pond (40%), St. Johnsbury (42%), and Woodstock (33%). Because of its impact on health and quality of life, diabetes awareness and treatment is a high priority of the Vermont Department of Health and Vermont's Blueprint for Health. Furthermore, screening for diabetes is important because it is estimated that at least one in three people with diabetes are unaware they have it.

Another public health priority for older adults is having an annual flu shot. On average, 76% of respondents report having a flu shot within the past year. There are differences among sites. Respondents from Barton (65%), CVCOA (62%), and Franklin County Senior Center (58%) report lower than average flu vaccinations within the past year. These two areas, diabetes screening and flu vaccines provide opportunities for partnering between the District Health Office and senior center.

Socialization is an important component of successful aging. Data in Table C16 (page 45) show that on average, respondents reported leaving their home 9.1 days out of the previous 14 days.

Not surprisingly, respondents at two of the more rural sites (Barton and Island Pond) reported getting out only 6 times in the two-week period compared with respondents at sites in communities with transportation services.

Rates of volunteerism, another contributor to successful aging, vary from site to site. See Table C19, page 47. On average, 50% of the respondents reported providing volunteer services. Sites with the highest rates of volunteerism include Connections/Jericho (73%), Brattleboro (68%), Woodstock (63%) and Champlain (62%). For the sites with the lowest rates of volunteerism (Barre, 21%; CVCOA, 25%; and Island Pond, 37%), the question must be asked, are the low rates because of: poor health; they haven't been asked; or there are a limited number of opportunities. In the case of the CVCOA caregiver group, it may be due to a lack of free time for volunteering. Perhaps not coincidentally, reported emotional well-being is the lowest at these three sites. When asked to report their emotional well-being on a scale of very good/excellent/ good/fair to poor, 23% of respondents in Island Pond, 24% in Barre, and 33% at CVCOA indicated fair to poor. These rates compare with the overall average of 14% reporting fair to poor.

Many sites are tackling the persistent stigma of having *senior* in their center name and identity. Some areas feel the word *senior* is important for identifying their mission and to reflect the unique needs of this age group. In other areas, consensus suggests that dropping the center's exclusive focus on *senior* needs is crucial for survival, instead designing the center to appeal to all ages. Waterbury Senior Center's SCE Project market analysis provides evidence to support this trend.

Discussions were held during the Stakeholder Advisory Committee meetings about the possibility or need for Vermont to establish criteria for defining a senior center. National standards exist, but may be too rigorous for many of Vermont's small senior centers. (See: www.ncoa.org; search: National Institute of Senior Centers/accreditation) Nonetheless, the NISC criteria may provide a framework for establishing certain core attributes for all Vermont senior centers. For purposes of the SCE Project, eligible applicants were required to meet the following criteria: are senior centers, meal sites and comparable entities that currently provide all of the following services for older adults:

- Access to nutritious meals.
- Health promotion and disease prevention programs and services that promote successful aging and independent living.
- Opportunities for socialization.
- Information and referrals about community resources.

In addition, applicants were required to meet the following requirements:

- Have a Business Account Number with the Vermont Department of Taxes.
- Have a handicapped accessible facility.
- Be open to all older adults in the community regardless of ability to pay.
- All Grantees must demonstrate proof of insurance and to comply with Vermont's Standard State Grant Requirements.

The majority of grantees felt the reporting requirements were too rigorous and many complained there was too much paperwork. Based on their reporting, it was very clear that many of the small, rural senior centers lack the staffing expertise, organizational structure and technological sophistication to complete the data collection and reporting in a systematic fashion. Several grantees neglected to complete both the pre- and post-data gathering; some elected not to complete the pre- or post data collection. The absence of pre- and post-data collection made it difficult to evaluate the outcomes, or rather, to demonstrate their SCE Project effectiveness. For similar projects in the future, additional technical assistance may be needed to assure that the senior centers understand the importance of and keep up with the data collection. It might be useful to provide even greater specificity on the reporting forms to assure adherence to a particular format and meeting deadlines.

Another limitation to tracking and reporting outcomes was the short intervention period - six months. Many sites went from start-up, to implementation and conclusion between June and October. There was little time for completing a community needs assessment and analysis, or hiring additional staff to oversee the projects. Other sites knew exactly what they intended to achieve/implement, had the players lined up and started their project implementation upon receipt of their funding. All grantees indicated that the start-up and implementation took longer than expected and in hindsight, their project expectations were unrealistic. Building capacity and starting new programs takes time. Adding to the implementation challenges was the timing. By the time the funds reached the grantees, summer had begun, a time when historically, participation at senior centers and meal sites declines.

Although not articulated in many reports, the consensus of the Stakeholder Advisory Committee (whose members included at least two grantees) was that the State needs to consider having a staff person who is responsible for overseeing the senior centers. That person would serve as a resource for the senior centers across Vermont and advocate for ongoing support.

Promising practices

Based on the several grantee reports, two practices emerged that hold potential for increasing participation by not only older adults, but especially among the younger cohort who are better poised to fill the growing volunteer void. Although not without its own set of challenges, salad bars were very successful in growing participation. And, computer access at senior center-based Internet cafés also holds promise for attracting a new group of participants.

Replicability

Because of the diverse nature of the 16 projects, it is difficult to recommend common steps for replication. Some, although not all, grantees included tips for replicating their projects. Common themes that emerged, include:

- Partner with community stakeholders;
- Complete a local needs assessment before embarking on new program initiatives;
- Use word-of-mouth people power to promote new programs;

- Plan for staffing needs, then double the amount of actual time required to get a new program operating;
- Anticipate timelines, then add expect to have the project implementation take longer than expected;
- Keep reporting requirements as simple as possible.

Conclusions

Senior centers are clearly playing an important role in the health, well-being and independence of older Vermonters. However, they are faced with a stigma that does not appeal to Baby Boomers. Many of the senior centers are perceived as places where old people convene for lunch and play cards. Many centers experienced negative perceptions from the community because of the word "senior" in their facility name.

The challenge for Vermont's senior centers will be to continue serving the current older generation and appeal to the younger generation of older adults, including new retirees. The Waterbury Senior Center community needs survey results are telling. Although a small sample, it does provide a window into public perception about the role of senior centers in the community and thoughts about how to transition between the old familiar model of senior centers and a newer concept that appeals to aging baby boomers. Their findings also echo anecdotal reports embedded in other SCE grantee reports.

Not surprisingly, those senior centers that surveyed their local communities had the most impressive increases in participation. Assessing local needs prior to implementing new programs is an essential step that many sites overlooked. Local needs assessments can be informal – such as speaking to faith-based communities or requesting time on the agenda of the annual town meeting, or more formal – such as written surveys to be distributed through similar outlets. Written surveys may also be posted electronically, with a drive to the web effort for completion.

In nearly every case, the SCE Project increased community awareness of the local senior center and its programs and services. All grantees reported a strengthening of existing and creation of new community partnerships, including with hospitals, area agencies on aging, and mental health centers. Establishing these community partnerships is critical for the sustainability of projects.

It is clearly a time for senior centers to evaluate their role in the community and take steps to strengthen their infrastructure. *Healthy Lifestyles* is one of three core principles of the newly reauthorized Older Americans Act Choices for Independence. Senior centers are the ideal location for offering evidence-based health promotion programs because older adults already convene in these locations and the service network is firmly established.

Recommendations

1. Senior centers need to conduct a community needs assessments before investing time and money for new programs/initiatives. Aside from garnering community support and interest, such a process may also help minimize program redundancies in a community.
2. Senior centers need to revisit their mission, name and programming in order to attract a younger clientele. Younger patrons are needed in order to strengthen the volunteer network. The stigma of having "senior" in the site name, and whether to eliminate it, was discussed at many senior centers.
3. Reporting requirements need to be kept as simple as possible in future projects. The sites want to devote their energy to providing services, not data collection and reporting. Small, grass roots community/senior centers are ill-equipped to evaluate outcome measures.
4. Senior centers ought to consider offering evidence-based health promotion programs (EBP). Given the staffing and technology limitations that impacted the ability to complete outcomes assessment and program evaluation, these EBP programs hold promise because their effectiveness has already been proven, thus the need to collect large amounts of data is removed.
5. Vermont should explore whether the current and future needs of senior centers can best be addressed through the existing roles and relationships with the area agencies on aging or if there should be a State staff person assigned to be their point person for issues, concerns and future development.
6. Senior centers, to the best of their ability, ought to fund at least one paid staff person (for example, a part-time coordinator) to assure program operation and growth. The volunteer infrastructure of many senior centers is insufficient for sustainability. In order to navigate through the next decade of transition serving a new generation of older adults while continuing to provide service to the older, more frail generation will require ongoing needs assessment/community survey, new programming, etc.
7. Senior centers ought to explore the possibility of and support for becoming community centers rather than senior-specific centers. Centers may find there is greater community support for a center that meets the needs of all age groups or establishes itself as an intergenerational center.
8. Vermont ought to consider defining the term "senior center" – what it is, core services provided, etc., using the National Institute of Senior Centers accreditation standards as a guideline.